

I EXECUTIVE SUMMARY

- Date: November 23, 2006
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This funding request is to supplement current funding from private donations and counseling contributions received from clients based on their ability to pay. Clients are encouraged to contribute to the Center as part of the recovery and restoration process to overcome their addictions.

This funding request is needed to support and compensate counselors and group facilitators who are involved in this process. It also will help cover expense of daily operation, facility rental and additional supplies and staff. Due to a 75% increase in meth use in the general population over the past five years, the problems are growing faster than we are.

The number of individuals, geographic area and target population benefiting from this proposal are 225,000 population in an eight county area surrounding Twin Falls and also pulling from some areas of northern Nevada. The geographic area is centered on Twin Falls serving the normal trade area from Ketchum to Elko, east to Burley and west to Bliss. The target population to be served is substance addicted individuals, in particular those with alcohol and meth addiction.

Total Project Budget: \$190,800.

Total \$71,000 requested.

II PROPOSAL

1. Miracle Valley Ministry Center (MVMC) was incorporated on May 10, 2006 as a Not for Profit Corporation by Sharon L Custer and J. Kay Wolverton, as Directors and appointed a board of five trustees. A 501-C-3 application is pending. It contracts with six (6) counselors and eight (8) Group Facilitators representing fourteen (14) different Faith Based Denominations. The Center is currently located at 213 3rd Avenue East in Twin Falls, after operating out of private homes for two years, with support from a \$10,000 private donation

We consider man as a tri-part being: body, soul and spirit. Our mission and goal is to employ holistic healing to reduce the drug and alcohol addiction problem. By healing hurts and wounds from the past, whether self inflicted or inflicted by others, we hope to improve the results of addiction treatment.

We regard past abuse as the training for addiction and recognize that many people go through life having not had their developmental dependency needs met. This contributes substantially to that person being set up for drug or alcohol addiction. 131 million addicts in this country are suffering because they are still trying to cover their pain.

At MVMC our main goal is to implement an innovative technique in inner healing known as Theophostic Therapy to as many afflicted adults and children who are suffering these addictions as possible. This program has documented success rates of 85%-90%. This technique or methodology pulls the "thorn" out of the wound removing the pain that is causing the addiction.

2. We have instituted one on one counseling in which no one is turned away. Based on the client's ability to pay we suggest a contribution to the Center; however, no one will be turned away because they can not afford to give.

Supplementary groups are available for teaching, leading, guiding and

instructing: Shame Free Parenting, Anger Management, Living Free, Abuse is the Training for Addiction, Relapse Prevention, Dealing With Depression, Marriage and Pre-Marriage, Freedom From Addiction, Celebrate Recovery, Financial Budgeting and Career Building These groups help to provide accountability and stimulate learning, creativity and self esteem.

To date, our accomplishments include many men, women and children already set free by this process. Though we can not name them here, we do have several who are willing to testify of their healing and ability to stay clean for over two years. We have also helped children by this process who have struggled with nightmares or violent and destructive behavior. They may not have reached the point of substance abuse, but we believe this process helps head it off.

3. Board: Mr. Emil F. Pike, Jr., Attorney at Law provides all the legal work for the Center.

Mr. Gary Wolverton, Jr., of Wolverton Homes provides guidance in financial accountability, business, and construction.

Mr. Gregory Custer, M.S., L.C.P.C., Canyonview Psychiatric and Addiction Services of St. Luke's Magic Valley Regional Hospital gives constant advice and recommendations for treatment.

Mr. Gary Custer, B.S., gives unending help in administration procedures and maintenance.

Pastor Greg Lindsay, First United Methodist Church provides prayer and spiritual backup for any crisis situation.

Pastor Greg Avery, First Assembly of God, (former addict) provides valuable assistance, instruction, group facilitating, and interaction with the addicted population.

Staff: Director: Sharon L. Custer, Ph.D., Th.D., L.C.P.C., Licensed Clinical Pastoral Counselor, Doctor of Philosophy in Clinical Christian Psychology, and Doctor of Theology; 1997, Member of the Sarasota Academy of Christian Counseling; The

American Association of Christian Counselors, 1995-2006; Professional Clinical Member of the National Christian Counselors Association 1997-2006; Board Certified in Crisis and Abuse Therapy, Death and Grief Therapy, Sexual Therapy, Integrated Marriage and Family Therapy, Group Therapy, Alcohol and Drug Therapy, and Board Certified Temperament Therapist. Main responsibility to organize, and administrate the center in addition to counseling.

Staff : Director: J. Kay Wolverton, M.M.C.C., Licensed Clinical Pastoral Counselor, Ordained and working on her PhD.;a member of The American Association of Christian Counselors; she also does one on one counseling, group facilitating and the financial record keeping for the Center.

Staff: Counselor & Group Facilitator: Pamela Burkett, M.M.C.C., Licensed and Ordained Pastoral Counselor, Working on her PhD., Rehabilitation Field Consultant for the Idaho Industrial Commission; primary responsibility of doing one on one counseling and group facilitating.

Staff: Counselor: Jackie Russell, LCSW, Idaho State University, primarily responsible for one on one counseling.

Staff: Counselor: Sheri Denise Mills, M.M.C.C., Pastoral Counselor, Working on her PhD., responsible for one on one counseling and group facilitating.

Staff: Counselor: Cheri Ewing Mason, M.M.C.C., Pastoral Counselor, Working on her PhD., responsible for one on one counseling and group facilitating.

Staff: Counselor: Gregory T. Avery, Pastor, (former addict) Pastoral Counselor, responsible for facilitating groups and interaction with addicted population.

Staff: Counselor: Phyllis V. Berg, B.S., Lewis-Clark State College, Lewiston, Idaho, Presently serving as President of Safe Harbor outreach to the homeless, responsible for group

facilitating and interaction with the addicted population.

Staff: Elaine Proost, Secretary, and Group Facilitator for the Center.

Staff: Linda O'Dell, former Mentor and Instructor for Teen Challenge in Pennsylvania for five (5) years; responsible for facilitating an addiction recovery group.

- 4. Copy of current budget and description of current sources of funding:

PROJECTED WEEKLY INCOME PER COUNSELOR

	<u>HOURS</u>	<u>PER UNIT CHARGE</u>	<u>TOTAL CHARGE</u>
Case Management	4	\$ 45	\$180
Individual Counseling	4	25	100
Group Counseling Sessions (10 per group)	3	10	<u>\$300</u>
Totals	11		<u>\$580</u>

PROJECTED MONTHLY INCOME:

	<u>TOTAL CHARGE</u>	<u>NUMBER OF COUNSELORS</u>	<u>MONTHLY INCOME</u>
Case Management	\$180	10	\$ 7,800
Individual Counseling Sessions	100	10	4,333
Group Counseling Sessions (10 per group)	<u>300</u>	10	<u>13,000</u>

Totals	<u>\$580</u>	<u>\$25,133</u>
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MONTHLY PROJECTED EXPENSES:

Counselor Fees (50% of Income)	\$12,567
Management Compensation	5,775
Secretary Compensation \$1,500 per mo/salary)	1,650
Rent	425
Telephone	300
Maintenance	100
Insurance	25
Overhead (Office Supplies, Repairs, etc.)	500
Operations Holdback (15% of Revenue)	<u>3,770</u>
 Total Monthly Expenses	 <u>\$25,112</u>

B. PURPOSE OF REQUEST: GOALS AND OUTCOMES

1. We will be addressing issues of pain and anger that are self-inflicted or externally inflicted by others causing the addict to continually medicate their pain by the drug of their choice.

2. The overall purpose of the project is to reduce the spread of “meth users” and/or drug and alcohol addiction in our community, and to develop a network of Faith Based treatment options.
 - a. Short-term: The target result at the end the project or grant period primarily will be a reduction in the yearly amount of meth and alcohol users The second short term objective is additional documentation of the process and to document the success rate.

 - b. Long-term: The objective for an individual will be complete restoration and integration back into the family, community,

church and society, free from the drug of their choice. The societal objective is to have a facility in place that will house a recovery and restoration residential center that can provide continuous hands on treatment reducing the length of time for the complete process. We also see this as a training facility for other state-wide counselors.

C. ORGANIZATIONAL CAPACITY:

1. Our organization is well positioned to implement this grant request as we already have the counselors, facilitators and curriculum in place, a competent Board of Trustees who will oversee accountability, and two years of development. The program is already in place to make sure the mission and vision are carried out.
2. Although a fairly new Faith Based organization we have the expertise and training of counselors with up to 25 years experience in a faith based recovery and restoration program.
3. We maintain links with all other counseling offices throughout the Twin Falls Magic Valley area through the Health and Welfare, SIPAD and other organizations who are doing similar work in this same geographic area.
4. Qualifications and responsibilities of the staff and volunteers who will be working with the target population is documented in Item II, A. 3.
5. We draw from the area's population for volunteers such as our Secretary, Elaine Proost, Group Facilitator, Jody Klinger and our Board of Trustees.

D. PROCESS:

1. We will primarily use the Theophostic Therapy method developed by Dr. Ed Smith, of Campbellsville, Kentucky. Followup surveys indicate an 85%-90% success rate. This method relies on diligently replacing internal lies with "truth". The training involved for key staff to complete

the Theophostic Therapy Training course is 8 to 10 weeks.

2. Affiliate key organizations and Faith Based Churches will be offered courses to learn the methodology of the Theophostic Therapy process as supervisory support for implementation. Because effective individual intervention is to be approximately one (1) year to establish the personal stability to be drug free, and three (3) years to effect total restoration, the organization has a substantial commitment to an individual.

3 We plan on networking with traditional rehabilitation centers such as Canyonview, Walker Center, Health and Welfare, Drug Court, the Department of Corrections and all Federal and State officials and employees.

4. Daily activities and tasks will include one on one counseling and therapy in addition to numerous groups and life skill training sessions and advice.

5. Our target population will primarily be individuals with substance abuse issues including those being serviced by the 70-80 "Meth Houses" identified by law enforcement as well as one out of two inmates incarcerated for meth-related activity.

6. We believe we will continue to have Church referrals of the target population being serviced by the development and execution of this project as well as a recovery team going into the individual Churches and also the County Jails who will want to be involved.

E. EVALUATION:

1. (a) Although there is survey support for the effectiveness of the process, we want to further test and document the method. Documenting what works and what doesn't will allow adjustments. Fair, objective, documented results will allow others considering this approach a basis for decision. We plan to access our results by: (a) has there been any return to drug use (having been tested twice a week for 52 weeks). (b) what is the opinion of family and support systems at the end of the stabilization period, (c) and thirdly has that person indicated a desire to remain drug free after three (3) years.

2. The assessment methods and strategies to be used will include results of periodic drug testing, personal interviews, group and/or class exams, family and actual interviews (audio and video) of the client's perception and attitude, video and audio recording of sessions based on application of the Theophostic methodology, plus community feedback.

3. Written reports will be given to Board of Trustees on a quarterly basis indicating the flow of assessments and success or failure of the process; statistics and surveys will be provided to the target population and community members via our networking community. Stockholders, board, target population and community members will be provided periodic news releases, as well as video documentation of the evaluation process.

4. Evaluation information will be provided to improve staff performance and increase the percentage of success of each staff member. We will use this evaluation information to externally compare success rates of our process and what is being done or used by other rehabilitation organizations in the community.

This organization will use these analyses to augment staff development at weekly staff meetings to continue a process of program improvement. This information will also be useful for community education, developing additional community and Faith Based Programs and fund raising.

F. SUSTAINABILITY:

Continued resources will be required to continue this project over time which will include permanent offices with privacy for full time staff for consultation. A growing addictive population will drive a need for more counselors, more staff, more community training and increased budget allowances.

We intend to secure other financial resources with the following plan:

1. Direct mail fund raising letters.

2. Participant contributions.
3. To train more volunteer recovery Facilitators in our new process at all Faith Based organizations and Churches.
4. To do Consulting Workshops in the Business Community for fee.
5. To develop a series of videos for sale on various topical issues relating to restoration and recovery.
6. Develop fund raising programs for churches by making the Temperament Analysis Profile (TAP) available to that Church body as an assessment tool.
7. Market the Computer Generated Personality Profile through an Annual Subscription to a Recovery Newsletter.
8. Publish a Manual of Success Stories of Changed Lives for sale.

III BUDGET

1. The total project cost is an estimated \$190,800 per annum. We anticipate additional funding sources from client fees, private support, and the Access To Recovery Grant. We anticipate the Idaho Millennium Fund Grant would supply 37% of the organizational budget or \$71,000 for the first year.
2. A matrix showing expenditure categories, operating expenses, personnel costs, capital outlay, income sources and totals are shown on pages 5 and 6.
3. The number of staff anticipated to be fully or partially supported by these funds includes 6 counselors and 4-6 group facilitators. This grant would pay approximately 25% of the salary of one full-time equivalent position.

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